

Fill	in this information t										
Deb	tor 1 Taylor Repine					_					
	otor 2 ouse, if filing)					_					
Uni	ted States Bankrup	tcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA		_					
	e number				Che	ck if this is:					
(If Kn	nown)						An amende	0			
	· · · · -	4001						ent showing postpetition chas of the following date:	apter		
<u>O</u> 1	<u>fficial Form</u>	<u> 1061</u>					MM / DD/ Y	YYY			
So	chedule I:	Your Inco	ome						12/15		
spo	use. If you are sep ch a separate shee	parated and you	r spouse is not filing wi	th you, do not include	inforr	nation abou	ut your spo	ude information about yo use. If more space is nee known). Answer every qu	eded,		
1.	Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse				
	If you have more	e page with	Employment status	■ Employed			☐ Employed				
	attach a separate information about employers.		Employment status	☐ Not employed			☐ Not employed				
	Include part-time,	seasonal. or	Occupation	Customer Service	Lead	<u> </u>					
	self-employed wo		Employer's name	Chadds Ford Collision							
		ion may include student maker, if it applies. Employer's address 6 Wilmington/West Ch Pike Chadds Ford, PA 193									
			How long employed th	nere? 8 months							
Par	t 2: Give De	tails About Mon	•	<u></u>			_		_		
	mate monthly incouse unless you are		te you file this form. If y	you have nothing to rep	ort for	any line, wri	te \$0 in the	space. Include your non-fil	ling		
	u or your non-filing e space, attach a se			embine the information f	or all e	employers fo	r that perso	n on the lines below. If you	ı need		
						For De	ebtor 1	For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.				2.	\$	3,120.00	\$ N/A _			
3.	Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$ <u>N/A</u>			
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$3,	120.00	\$ N/A _			

Debtor 1		Taylor Repine			Case number (if known)							
					For D	ebtor 1			Debtor 2			
	Cop	by line 4 here	4.	-	\$	3,120	.00	\$	3 1	N/A	_	
5.	List	t all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	632	.67	\$		N/A		
	5b.	Mandatory contributions for retirement plans	5b.		\$.00	\$		N/A	-	
	5c.	Voluntary contributions for retirement plans	5c.		\$	0	.00	\$		N/A	-	
	5d.	Required repayments of retirement fund loans	5d		\$	0	.00	\$		N/A	-	
	5e.	Insurance	5e		\$	0	.00	\$		N/A	-	
	5f.	Domestic support obligations	5f.		\$.00	\$		N/A	-	
	5g.	Union dues	5g.		\$.00	\$_		N/A		
	5h.	-1 /	_ 5h		\$.00	+ \$		N/A	-	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$	632	.67	\$_		N/A	-	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$	2,487	.33	\$		N/A	-	
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	8a		\$	0	.00	\$		N/A	_	
	8b.	Interest and dividends	8b	٠.	\$	0	.00	\$		N/A	-	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$.00	\$		N/A	_	
	8d.	Unemployment compensation	8d		\$	0	.00	\$		N/A	_	
	8e.		8e	٠.	\$	0	.00	\$		N/A	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0	.00	\$		N/A		
	8g.	Pension or retirement income	8g		\$	0	.00	\$		N/A	-	
	8h.	, ,	8h		\$	270	.00	+ \$		N/A	_	
		Contribution from Grandfather	_		\$	1,230	.00	\$_		N/A	-	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		1,500	.00	\$		N/A	A	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3	987.33	+ \$		N/A =	\$	3,987.3	_ ว
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	٠,	307.33	-		-144	-	0,007.0	_
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe						Schedule J 11		0.0	0
12.		the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certainlies							12.	\$	3,987.3	3
										ombir		
13.	Do	you expect an increase or decrease within the year after you file this form	?						п	iontni	y income	
		No.										_
		Yes. Explain:										